HEALTH DISPARITIES FOCUS GROUPS

Six focus groups were held throughout Arizona in preparation for the *Chronic Disease Disparities in Arizona* conference. What follows is a compiled transcription of those groups. Recommendations from all six groups will be addressed and further developed in both the Thursday afternoon and Friday morning community sessions.

Health Disparities Conversation – Yuma, 9/16/04

Eight Attendees, all female

Introductions

How do you define your community?

- Large Hispanic population
- Many migrant/ seasonal farm workers
- Low income
- Diverse
- Population crosses borders between Mexico/US and AZ/ CA

What are most important health issues?

- Affordable health insurance
- Low-middle class no real programs for them; working in fields and factories
- Employers may offer insurance but co-pays are too high; prefer to go across border for care
- 70% unemployment in summer months
- Sunset clinic offers sliding fee scale for primary care. problem is with referral to specialists. No specialty care available without insurance. Long waiting periods for PC appts. (up to two weeks). Many go to emergency room for that reason.
- Lack of physicians and medical professionals.
- No translation services in hospitals –asking small children to translate. Law requires provision of translators but no compliance. Surgeons are requiring patients to bring their own translators in order to be seen.

What are some of the other issues specific to this area?

- Legal vs. non-legal status. Community Health Center serves undocumented; hospitals treat on emergency basis and then release.
- Special program that discounts health care for working poor – 1st year funding for 1000 patients. Working poor most in need.
- Community knows the reality and "accepts" the way things are. many go across border to get what is available.
- Pharmacists in Mexico will write a prescription for a small fee. Drugs much cheaper.
- Use of herbalist still frequent but depends on family and somewhat generational.
- Pharmacy services faster over the Mexico border.

- No 24 hour pharmacy in Yuma
- Many of working poor choosing between food and medicine because of high cost.

What happens within the family when a member has a serious medical need?

- Sometimes client will lie to be eligible but that puts lots of stress on family
- Mom or Dad will often hide symptoms or even diagnosis because they cannot afford treatment; will sacrifice self to feed kids, take care of family

What about the role of prevention?

- Most people not that aware of how to prevent disease
- Physical education no longer required in schools; kids getting more obese, poor eating habits
- Men don't go to doctors for prostate screening
- Mammograms / Pap smears postponed to tend for family

Do most people in community prefer health providers of same ethnicity?

- Bigger issue for older generation
- Many physicians are (east) Indian; do not know Latino culture
- Blacks in community prefer to see black physician (at military base)

What do you see as biggest health issues / diseases?

- Oral health; 58% in Head Start need dental treatment; many use ER due to pain
- Obesity and nutritional status
- Teen pregnancy – low self-esteem issues; low expectations especially around education
- Mental health / depression – can't be seen by Excel or Mohave mental health without insurance
    - Taboo in discussing depression if Hispanic
    - Much need for MH services in aging population
    - Many seniors over-medicated adding to confusion and memory problems
- Substance abuse; increased use of methamphetamines

Other issues:

- Yuma County is unique demographically: binational, many snowbirds, farm workers
- Telemedicine not being used except at the prison
- DES staff doing eligibility often do not treat people with respect and courtesy

Recommendations:

- **Improve customer service in DES eligibility process**
- **Medical interpreter training**
- **<u>Advocates</u> with caseloads / support groups**
- **Increase number of promotores / community outreach workers**
- **Community education on prevention**

- **Identify kids at risk for diabetes & cardiovascular disease and begin aggressive prevention**
- **Start community support programs for kids – connect homes**
- **Cultural sensitivity training for medical professionals.**

Health Disparities Conversation – Cottonwood, 10/14/04

Five Attendees, three female – two male; Attendees include head of non-profit, community planners, local physician.

Introductions

How do you define your community?

- made up of 9 communities which include: Sedona, Jerome, Clarksdale, Cottonwood, Camp Verde, Beaver Creek area, ½ of Yavapai and Coconino County; Yavapai/ Apache Nation, Pine Valley …
- Rapidly growing population (growing at twice state rate)
- Uninsured and underinsured – 37% of a 65,000 population
- Vast distances between communities; about 20-30 miles between
- Most of economic base is tourism
- Completed Strategic Plan 2003 with AZ Community Foundation grant
- Huge disparities in income: very wealthy (Sedona) and many very low income living in trailers
- many low-income seniors
- Disparities in age: "sandwich" large older adults/ kids; fewer in middle group

What are most important health issues?

- The whole county is underserved (MUA)
- Many uninsured
- Lack of transportation to providers
- Proportion of seniors = more heart attacks, strokes, lung disease
- Some teen pregnancy but has been declining
- Major substance abuse problems; methamphetamines in low income areas; heroin/ designer drugs in upper income
- Few prevention services

Are there specific racial/ethnic issues specific to this area?

- Growing Latino population; 14,000 Mexican immigrants in valley
- As hotels increase, Latino population also increases, but huge economic gap
- Windsong Trailor Park is where Latinos live and in Village of Oak Creek
- Most need to work more than one job but no health care
- Need satellite offices to provide health care to Latino population
- Wellness clinic here is about the only resource available
- Assets:
    - Latin American Center in town provides education
    - outreach social worker/counselor serves as "promotore"

- newspaper "El Latino"- successful outreach
- first AA group in Spanish

What about the role of prevention?

- No prevention activity at the local level
- Sedona has Alternative Medicine
- Schools becoming involved in vending machine controversy (Mingus and Sedona) – trying to get healthier choices
- Economic disadvantage leading to more obesity in youth and older adults
- In Mayer, physical education. is not required; too much soda drinking, time spent on computer games
- community that would be interested in starting a grass roots prevention effort

What do you see as biggest health issues / diseases?

- motor vehicle injuries
- behavioral health system; workers layed off and long waiting lists exist
- issues related to aging: heart, cancer, cerebrovascular disease
- substance abuse
  - metamphetamines (the County Attorney says that 85% of the crime is attributed to meth use)
  - "designer drugs" and heroin in Sedona
- Smoking still an issue; restrictions in Prescott but not Cottonwood; many elderly have lung problems
- Transportation is HUGE issue and affects health, especially access to care

Recommendations:

- **Bring back "grassroots" health planning like we had in the 1970's; state health plan was created as a roll-up from communities**
- **Explore funding to reinstate "Wellness on Wheels" mobile health clinic; was a real asset until tobacco funds ended**
- **Explore van system to improve transportation and access to care**
- **Increase # of physicians who take AHCCCS patients**
- **Encourage schools to allow speakers from AA and other substance abuse approaches**
- **More prevention (and healthy foods) needed in schools; involve school nurses**
- **Address the needs of single mothers in poverty**
- **Expand Verde Valley Emergency Medication Program; it's making a difference**

<u>Native American Community Health Center Focus Group – December 13, 2004</u>

Seven participants: five women, two men.
Focus Group members represented: HIV/AIDS, Tobacco prevention; the Medical Clinic; Youth and Family services; Health promotion; Grant writing; Diabetes; WIC

1. **Define the community you serve**

a. *Medical clinic*: 80% native, 20% other – of the other, mostly Hispanic Natives are from all over the country, but predominantly AZ tribes. The older, sicker pts. tend to be Latinos.
b. *Youth & Family svcs*: Strictly N/A including primarily women of child bearing age
c. *WIC*: 73-74% = NA, 26% = Latinos. Local elders are more urban & ambulatory.
d. *HIV/AIDS*: More diversified homeless community; GLBTQ; Substance abusers; Prostitutes; High risk pops. for HIV. 60% = NA, 40% African Amer. & Latinos w/ AA> Latinos. They offer case mgt, MSM programs and C&T.
e. *Tobacco Prevention*: Majority are NA, but spouses may be non-native.80% = women, 20% = men. Some out of state, primarily urban Indians living in Phx. Starting to outreach to Mesa and east valley urban areas.
f. *Diabetes*: All age groups; reservation & urban; very mobile; blended families; 80% female

2. The biggest health concerns

a. *Diabetes*: Obesity. Tied to exposure and personal choice – integration of traditions with modern activities
b. *Clinic*: Continuum of care impossible to maintain when so many systems to utilize in order to manage care.
c. *HIV/AIDS*: "Our clients die". Helplessness & hopelessness; Oppression stops them from seeking help. Multiple health care issues beyond HIV – Diabetes, Hepatitis C, Substance abuse. Cultural belief that <u>discussing</u> disease puts them at risk for transmission.
d. *Tobacco*: Economics
e. *Health Promotion*: Lack of cultural competence from providers – Substance abuse is not recognized as a serious problem because of belief that the abuse is due to a genetic predisposition.

3. What's working?

a. NACHC staff – 90% is NA; can speak Navajo & Spanish
b. Personalized care
c. Sensitivity to culture
d. NA provider for NA client is very important
e. Departmental collaboration aids with the continuum of care
f. Diabetes youth camp
g. New Chronic Disease Program
h. The importance of food being offered at Indian meetings
i. Staff who are role models
j. The use of case management models/ empathy
k. Referrals
l. Clinic availability
m. In substance abuse sessions, meetings are planned for client convenience

4. **Recommendations**
    a. **There needs to be more representation from PIMC**
    b. **Funding for food at Indian events impacts attendance/ incentives**
    c. **Program collaboration**
    d. **Printed materials are useful when shared in one on one sessions**
    e. **More PE & school lunch programs**
    f. **The City of Phoenix needs to be represented/ urban planning plays large role in availability of decent foods, health resources, etc.**
    g. **Prescription inequity needs to be addressed**
    h. **NA.'s need t/b educated about using dual health plans**
    i. **Pharmacy services need to be assessed and changed**
    j. **It is really appreciated when State staff attends NA events.**

Health Disparities Conversation -Tanner Community Development Corporation (TCDC)
Phoenix - January 13, 2005

Nine participants; six female, three male

How do you define your community?
-Various committees and organizations that link
-Mutual influences cross boundaries
-Church in the black community is the central hub
-Multicultural and professional contacts
-Spirituality & Educational influences
-Connects with nonprofits within the area

What are most important health issues?
Major health conditions impacting blacks:

Hypertension	HIV/AIDS
Diabetes	Heart Disease
High cholesterol	Stroke
Prostate Cancer	SIDS
Breast cancer	Obesity
Asthma	COPD

Other issues impacting blacks:
-No insurance/resources for help (need educational awareness tool to improve this)
-Need to educate kids on healthy eating habits and need for physical activity
-Need follow-up on Barber Shop/Beauty Salon hypertension program. People are in denial about need to check blood pressure.
-Generational factors—people don't want to talk about what is going on with their bodies (denial). Need to start the discussions and break the ice.
-People are cautious about dealing with private things in a public setting.
-Not wanting to know results of medical tests due to need to take action to get help.

Black Men not seeking medical attention:

-Denial

-Sickness viewed as sign of weakness

-Increased credibility when it comes from someone same color/gender

-Not liking Doctors due to their authority figure

-Increased comfort getting help from same race and gender

-Need help from community & church

-Education and awareness on prevention and self care

-Habit of putting things off until it is too late

- Prostate cancer: don't want to know because don't want surgery, however some preventive measures can be done and may be listened to

-AZ Healthlinks is a good program to get info to worksites

-Wellness programs are well received at the churches

How do you feel about use of statistics?

- There is a surface awareness of statistics but not to the level when you drill down to the details, therefore (specifics) are not common knowledge

-Permits opportunity to look at ways to reduce the problem

-Increases awareness about what the problems are—move toward solutions\

-Misinformation is often high (corrects perceptions, etc.)

-KEY: how you feed the information to people is extremely important

Information distribution:

-Who delivers message?

-How message is delivered?

-How we market our messages for the community is vital. It must be multi-focused and multi-level to reach the majority

-Go through the children to bring home the message

- Put a health messages in a publication (like the Arizona Informant) in a Barber Shop; you can reach audience or plaster message on a bus in order to get people to look at issues and changing lifestyles

Role of prevention?

-Need "encouragers" to support effort

-Need to model appropriate behaviors (have old mentor young, etc.)

-Understand that words may have different meanings in each community.

Environmental Factors:

-Long waiting periods to get medical attention

-Most insurance do not list Doctors based upon their race

-Treatment by front office staff is often prejudice, racist, etc.

-Need to address language barriers

-No diversity in medical field—it is rare to see someone of same race

-Sometimes staff treat patients as though they are ignorant

-Patients need to be educated that it is ok to ask questions and they should expect answers back from their Doctors

-Medical staff need to be culturally competent and sensitive

-Quality care issues: need checks and balances to deal with good and bad interactions; Low SES often get the worse treatment and often judged.

-Address barriers caused by age

-Doctors should learn to treat the patient instead of just treating the symptoms
-" People who greet me (with an attitude) I ask 'are you having a bad day?'; 'can I get someone else to help you?'; so there are ways of dealing with it (treatment) "
- There are disparities due to: economics, attitude, wearing jeans (dress), private insurance over AHCCCS, age barriers (young pregnant patients, elderly too)
- When you're African American sometimes your "antennas" do go up about how you treated (radar/sensitivity)
- "I got first class treatment after the staff learned that I was a nurse."

Solutions?
-Incorporate programs in the community, e.g. "Choices" by Dr. Underwood
-Educate community on resources
-Speak the right message to the right audience
-Coordinate efforts in the community (grassroots, government, etc.)
-Expand efforts where programs have been successful

Recommendations:
-Work with Department of Education to improve food at schools (provide healthier options for kids to eat)
-Influence activities within the home: education, awareness, support
-State government should link with local community grassroots organizations to reach community
-It is important that people "ask" not assume what is needed within the community
-Create a plan of action on next steps to take
-Create opportunities and occasions for community to gather (educate, etc.)
-Have someone from same race/gender explain statistical information (adds credibility)
-Identify key points behind statistics (State of the Community address, how this impacts the community, what this really means?)
-Need to find ways for black community to locate each other (newspapers, etc.)
-Messages and outreach need to be age specific

Health Disparities Conversation – So. Tucson, 2/7/05

Ten Attendees, 8 female – 2 male

Describe your community?

- It has been changing dramatically
- Immigrant population is very high
- Language is primarily Spanish
- Business and stores cater to Latino (grocery store have unhealthy choices, driving needs and demands). Food City & Southwest Markets have grocery choices that are not as healthy
- More rental properties than owned homes
- Elvira – is about 80% owner occupied homes

- Sunnyside is the other way (20% owner occupied) due to increase in apartment rentals
- Barrio in South side of Tucson: 80-84% Chicano; high poverty and low education; poor health services; low socio-economic
- For the south side, services are lacking
- Charter schools are getting good results with small children (hope for the future) Charter School does prep for college and leadership positions; *the challenge is to keep them in the community once they get into a level of leadership*
- Elvira is a stable neighborhood with grandparents and increase in youth – single moms, young families living in rental homes (one bedroom and duplex) (When ever a lot opens up a duplex is built.)
- 3rd generation living in area
- immigrant family, 3-4 families living in a single home
- Some laborers primary language is not Spanish, more Salvador than indigenous natives
- Indigenous natives from Mexico – will not cross border; come to sell etc. then go back home

Most important health Concerns:

- Diabetes starts at a younger age
- More and more children are obese; People not walking enough
- The Hispanic paradox is: immigrants have better health status then 2nd and 3rd generation Hispanics after adopting American Lifestyle
- Parents not educated enough to see how soda and sweet juices effect weight gains
- Old school is that a heavy child = a healthy child
- Fast food is the culprit; fast food is cheaper and healthy fast food is more expensive;
- Hispanic death rates are lower for women but risks are greater so will catch up
- Hispanic women don't' smoke like white women
- 78% are obese or overweight
- they know what to do and are interested in what to do; need supportive environment
- In Mexico people walk a lot; Here distances are longer and side walks are an issue; concern about dogs running loose (need an ordinance for dogs)
- Diet of beans and tortilla for three meals – years ago; Chili strong component in culture – now touted as positive in alternative medicine
- Major diseases are heart disease, diabetes, stroke; increase risk with hypertension

Other areas of concern:

- Men in general seldom talk about health condition.
- Fatalism is characteristic of Latinos; if real sick then will go to the doctor and then they share their medication; if the male the bread winner then gets more medical attention and sooner
- Depression in Hispanic women is high but suicide rate is better than white women

- Community Health Centers have huge no show rate - 30+% - but also have a lot of walk ins
- Cost to get there – take care of kids, $ and other more important priorities vs personal health care
- Paper work is barrier
- A lot of "living in the moment" attitude in Hispanic culture
- Mexican women backbone of the family, very strong, stronger than men; women prioritize their babies over themselves
- Older generation wants to speak Spanish; that is the most important. Parents don't ask questions and minimize health concerns or reasons for visit
- UA medical school now an option to take course in medical Spanish; looking at curriculum to address cultural competency
- In public health, data is *not* collected on SES at the hospital, just ethnicity; we don't get into root cause

What's working:

- Resources: School Health Assessment, Teaching Association at U of A in Family Studies
- Parish Nurse program – Santa Cruz parish
- Need promotoras that have a family relationship to the community, from the community doing the outreach
- How you get the message out is a real challenge; Better if it is a message from the community
- St. Monica's church, standing room only at the masses yet people do not go to the clinic; If we get someone from the community who has used the clinic works better; and word of mouth is best; need to do clinic after mass not on another day (like Monday); need relationship not just an announcement in the bulletin
- El Rio: 300-800 in program by word of mouth only
- 2 years ago passed bonds for P.E. teachers in elementary school; residents support bonds; support young people and schools
- Pepsi company is working with them on putting in vending machines the type of snacks that they want
- We are starting to have little clinics pop up for Sunnyside to address – dental and other, El Rio, El Pueblo, St. Johns and St. Monica's parish/church

Recommendations:

- Use same ethnic/racial group as reference group, i.e. compare Hispanic females to other Hispanic females not white females
- "Hispanic" or "Latino" too general; don't compare Mexicans to Puerto Ricans
- use economic status to determine disparities
- Use more team management with chronic disease like diabetes; works better
- UA Medical School should offer more training on cultural competency like the College of Public Health does
- Need state to provide more information on programs that work
- Need safe places where new immigrants can get health care without fear

- Environmental dangers greater in So. Tucson than the Foothills area; poorer neighborhoods shouldn't be exposed to high risk
- Access to health care shouldn't be based on ability to pay; need affordable medications.

Health Disparities Conversation – Wingspan, 2/17/05

Eleven attendees, 6 female – 5 male

Introductions

How Do you define Your Community?

- The bonding is gone – the bonding that was brought by the AIDS epidemic. Meds changed urgency, empowerment, nature of epidemic changed. Sense of belonging changed. Active movements change after receiving what they need. Sense of community came from the past. Something of a grand (horrific) scale brings people together.
- Hidden community, but better organized on both national and local levels. Anti-gay amendment might help to organize the community. Lucky to have Wingspan.

Most important health Concerns:

- Behavioral health –no targeted interventions outside of HIV disease.
- This is a national issue. Health movement does not exist unless focused on HIV and breast cancer. No steps forward in health management for GLBT since HIV movement.
- We don't collect data specific to GLBT.
- Grief & Loss Environmental Stress Survey for women w/substance abuse issue (425): 39% had sex w/other women. 1% HIV+.
- No cancer screening. Health program tied to HIV/STD screening.
- National Gay & Lesbian group doing studies on lesbian health. Groups doing studies are very small. Getting info from lesbian bars.
- Competency of Providers: Extraordinary lack of education about lesbian health with providers: pharmacists, nursing, medical providers – unique medical & non-medical needs. Medical providers want to be taught but have no knowledge. Medical education in the broadest sense needs to have a focus. Access to services is a huge issue.

Other areas of concern:

- Trans community come from all walks of life. No info about trans community. Much misinformation. Healthcare is the no. One problem for trans community. CDC does not recognize. Most are unemployed, no insurance. Finding a good therapist almost impossible. Hostility against trans community by medical providers. Trans male died from ovarian cancer because docs would not treat.
- Three-quarters of people who are trans disappear from community so have no support/ resources. Urinary infections due to problems with restroom usage.
- People are tired. Reproductive discourse is very uncomfortable for docs.

- The struggle of being told that something is wrong with you brings about self - destructive behavior. Sexual behavior, bulimia all tied to self- image. Trans being dismissed at job interview, other being judged for being swishy opens one up to unhealthy choices.

- People will not go back, allowing for problems to get worse before receiving care. Think about those with jobs and insurance who would not return to receive care. The potential to lose health care benefits for partner.
- Health Disparities not just about access. Is it safe? How does safety have a domino effect on future actions of the person. How do we continue to create safe spaces for people?
- Discomfort with docs who can't address their own homophobia.
- Fatalism a huge factor. Many have had a difficult time. Just don't want to fight it. Black & HIV+ did not want to take drugs.
- Difference between those who like the community and those who are GLBT literate.
- Medical school training was limited to "Gay day". Conversation with a panel of gays & lesbians for an hour. Students were very receptive. 20% of class was gay & lesbian.
- The board med questions have changed. Not all questions are stereotyped.
- Hard to come out. Partner with HIV would be unfair because of high insurance rates. Why is your partner more important than mine? The State Health Department could help us come out.
- Multiple threats. I'm affected by prop 200, affected because I'm gay and Latino. The stress of having life attacked caused health to go downhill. We risk being one of the numbers of those experiencing poor health because of activist work. Be mindful of taking care of ourselves. My life is being attacked.

Recommendations:

- The Gay Health movement is so heavily focused on HIV. Need more focus on other health issues like chronic disease. A lot of the gay men are not focused because of other gaps they must deal with. National media focuses on HIV, but the community has moved away. That sense of fatalism is there.
- Safety is always going to affect access. Coalitions can sometimes fill some the gaps. The state might help support some of those coalitions.
- It's amazing what we can do with no money. Major collaborators were here at Wingspan.
- People feel unsafe in current political environment . Must be safe before we can address overall health issues.
- Need a social contract with gay folks.
- Gender identity disorder (curable?). Need ability to get SSI, since GID is considered a mental illness. If you don't pursue transition you'll commit suicide or something else.
- Where's the data for LBT women? Need funds to collect data.

- Need trust in the system. (Black man ran from the clinic after discussion began about syphilis, because of Tuskegee.)
- Planning and research needs to involve consumers. Discussions of trans issues had no trans people involved.
- Tucson is a gay-fabulous city.

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